MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
0978831	02/16/01

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1							51		1				
2		1						52		1				
3		1						53		1				
4		1						54		1				
5		1						55	X	1				
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61		1				
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19								69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29	1							79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50		1						100						
TOTAL IND.	2							TOTAL IND.	2					
TOTAL DEP.	42							TOTAL DEP.	48					
TOTAL CLAIMS	44							TOTAL CLAIMS	50					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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